

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

May 2, 2014, Amended May 26, 2014

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI of Left Ankle without Contrast

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of service.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a female with a reported date of injury of xx/xx/xx. The claimant was working when she tripped and fell. This caused her to lose her balance falling and she fractured her left ankle.

02/17/2013: ER Notes. Claimant was seen for pain to the left ankle. **Diagnoses:** Fracture. **Medications:** EC- Naprosyn 500, Ultram 50mg.

02/17/2013: X-ray. **Impression:** Fractured left lateral malleolus.

02/20/2013: Evaluation. **Chief Complaint:** Left ankle pain. **X-ray:** Multiple views x-rays of the left ankle the nose for shows a minimally displaced fracture of the lateral malleolus with an intact ankle mortise. **Medications:** Naproxen 500mg.

02/28/2013: Follow Up Examination. X-ray and lateral x-ray of the left ankle done in the office and showed good position of the fracture fragments. **Medications:** Naproxen 5—mg, Tramadol 5-mg. **Plan:** Claimant was given the tib/fib orthosis and will bear weight as tolerated.

04/08/2013: Follow Up Examination. Claimant stated that she continues to have pain and discomfort in the left ankle. Stated that she uses the boot all the time and only takes it off to shower. She continues to have swelling in the ankle. **X-Ray:** 2 radiologic views of the left ankle taken showed a fracture of the lateral malleolus that remains in good position. **Plan:** She will start to wean herself off the boot. Soak in warm water 2-3 times a day and work on range of motions exercises for the ankle. Claimant requested physical therapy, but was advised to stop using the boot and work on range of motion at home before doing therapy if it is necessary.

04/24/2013: Follow Up Examination. **X-ray:** 2 radiologic views of the left ankle taken in the office showed a fracture of the lateral malleolus that remains in good condition. **New Medication:** Naprozyn 500sig. **Plan:** Discontinue the tib/fib orthosis and increase activities as tolerated.

05/15/2013: Follow Up Examination. Claimant continues to have pain in the ankle. She is limping and continues to have swelling. Claimant stated while stretching in bed, she had a lot of pain in ankle. She was not sure if she injured it during the night. **X-ray:** 2 radiologic views of the left ankle taken showed a fracture of the lateral malleolus that remains in good position. **Plan:** Will send to PT to increase ROM.

Claimant was sent to PT on: 05/22/2013, 05/29/2013, 05/30/2013, 06/04/2013, 06/06/2013, 06/07/2013, 06/10/2013, 06/12/2013, 06/14/2013, 06/18/2013, and 06/19/2013.

06/20/2013: Follow Up Examination. Claimant stated that she was doing physical therapy but was not doing much better. She continued to walk with a limp and stated she continued to have much pain about the ankle. **PE:** Reveals good range of motion but she continued to have swelling and tenderness to the left ankle. Due to continued pain, an MRI of the left ankle was recommended. Claimant was seen back in physical therapy on 06/21/2013.

06/27/2013: MRI. **Impression:** 1. Incompletely healed distal fibular fracture. 2. High-grade tear of the anterior tibiofibular ligament. 3. Probable evolving sprain of the calcaneofibular ligament. 4. Mild distal Achilles tendinosis.

07/01/2013: Functional Capacity Evaluation. Claimant scored an 80.0% in regards to consistency of effort, meeting 16 of the 20 expected results. Claimant was able to perform at a light Physical Demand Level; however, those results were based on inconsistent effort and self-limiting behaviors. She is allowed to return to work with restrictions. 1. May not bend or stoop more than 2 hours per day. 2. May not climb ladders. 3. May not carry or lift more than 20 pounds.

07/02/2013: EMG/NCV. **Findings:** 1. There is electrodiagnostic evidence of a left sensory motor peroneal neuropathy. 2. There are also findings of a left sural sensory neuropathy. 3. There is no definitive electrodiagnostic evidence of a lumbar radiculopathy affecting the motor nerves or generalized peripheral neuropathy.

11/07/2013: EMG report. **Impression:** 1. Electrophysiologically normal study. 2. Primary complaint is in the region of the ip. This may represent connective tissue injury or intrinsic hip pathology. Leg pain and ankle pain are also noted ankle shows good passive range of motion intrinsic osseous ankle issue seems unlikely soft tissue tenderness around the ankle is noted making this a more likely source of local pain in the ankle.

11/11/2013: Functional Capacity Evaluation. **Conclusion:** Overall, the claimant was able to perform at the Light Physical Demand Level. Based on the results of testing, she may return to work with the above mentioned restrictions.

12/12/2013: Evaluation. **HPI:** Claimant was seen because she continues to have pain and discomfort in the left ankle. No popping. She has occasional swelling. She is not working. **PE:** The left ankle has full range of motion with no trigger area of pain. **Plan:** Since the examination is normal and repeat MRI and x-ray were also normal I feel this claimant is at maximum medical improvement and can go back to regular work.

01/27/2014: X-ray. **Impression:** Fractured left lateral malleolus.

01/29/2014: Functional Capacity Evaluation. The claimant's score for this test was 34 points out of a possible 50 points (indicating a 68% disability.)

02/17/2014: X-ray. **Impression:** Fractured left lateral malleolus.

02/24/2014: UR. Rationale for Denial: This is an adverse determination. Per the physician advisor the requested service have been denied as not medically necessary and appropriate.

02/28/2014: Appeal letter for MRI. I have read the report dated January 24, 2014. Regarding the injured worker. I respectfully disagree with the conclusions made that this injured worker does not require an updated MRI scan. Mrs. has been referred to an orthopedic specialists who requires this test for further evaluation and treatment. I do not feel that it is practical for the patient to be at full

duty work at this time. However, every attempt will be made to return this patient after she meets the minimum requirement without further complications resulting.

03/18/2014: Office Visit. **PE:** Measurement of the ankle joint show this patient has almost 2cm of swelling of the left ankle joint compared to the contralateral right side. X-ray of the foot- 3 views show she has swelling as well. The patient's epicritic sensations and deep tendon reflexes are within normal limits; however, there is some hypersensitivity that is radicular in nature. An EMG study is needed for evaluations. A biomechanical evaluation was performed of the lower extremity and shows that the patient does have pronatory forces that cause reaggravation of her work related injury. With each step the patient has evasion of the calcaneus that impinges the area of the sinus tarsi joint. This causes pain in the area of the sinus tarsi joint which does have severe sinus tarsi syndrome. She does have pain in the internal aspect of her ankle joint. With each step, she has rotation of the talus within the ankle joint region that involves an impingement syndrome on the very lateral aspect of her left ankle joint. This was done under intraoperative fluoroscopy to show this as well. Therefore, the patient will benefit from orthotic devices. Temporary inserts were dispensed to the patient today. Orthopedic Examination: Under intraoperative fluoroscopy, the patient has severe decreased range of motion in dorsiflexion, plantarflexion, inversion and eversion compared to the contralateral right side. X-rays were performed of the ankle joint and shows the patient does have a slight lateral deviation of the distal aspect of the lateral malleoli where the fracture had occurred. With range of motion this shows that she does have impingement syndrome. Also, under intraoperative fluoroscopy shows she does have a positive anterior drawer sign. There is also a slight lateral talar tilt; however, it was deferred mostly because the patient had a lot of pain with range of motion of the ankle joint. Therefore, I confirm the fact that this patient does have a rupture of the ATF ligament and possible rupture of the calcaneal fibular ligament, however, the MRI studies are recommended and/or results needed to give us more of an objective view. **Assessment:** 1. Fractured ankle joint leading to internal derangement and ankle instability. 2. Ankle sprain/strain and rupture of both the ATF and calcaneal fibular ligament with a positive anterior drawer sign, left side. 3. Sinus tarsi, left. 4. Joint stiffness and pain, as well as edema, left.

03/18/2014: UR. Rational for Denial: The previous noncertification on February 19, 2014, was due to lack of significant change in symptoms or findings of significant pathology to warrant a repeated MRI. No additional medical records were submitted for review. The previous noncertification is supported. The guidelines indicate repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive or significant pathology. The claimant is full weight bearing, X-rays reported the fracture has healed. The provided records do not support any significant change in symptoms or findings suggestive or significant pathology to warrant a repeat MRI. The reconsideration request for MRI of the left ankle without contrast is not certified.

03/21/2014: Physical Examination. **Assessment:** The claimant's condition has progressed to the subacute phase. **Diagnosis:** 844.9 Sprain of unspecified site of knee and leg. 845.00 Unspecified site of ankle sprain. **Plan:** The claimant has shown some progress but is in a subacute phase. Three treatments a week will be given for four weeks. **Ankle ROM:** Plantar flexion: 30 degrees, Dorsiflexion: 10 degrees, Subtalar Inversion: 2 degrees, Subtalar eversion: 2 degrees, Forefoot adduction: 10 degrees, Forefoot abduction: 5 degrees.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous determination is upheld. Claimant does not meet the ODG Guidelines for a repeat MRI. Claimant had an MRI on 06/27/2013 showing a torn ATF ligament and fractured lateral malleolus. report documents this pathology and her clinical condition. There is no significant change in her condition. Another MRI would not add further information and change her treatment. Therefore, the request for MRI of Left Ankle without Contrast is not certified.

### **ODG Guidelines:**

Magnetic resonance imaging (MRI)

Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. ([Colorado, 2001](#)) ([ACR-ankle, 2002](#)) ([ACR-foot, 2002](#)) The majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. ([Narvaez, 2000](#)) MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. ([Tocci, 2007](#)) Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to MRI. ([Lee2, 2010](#)) MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with MRI. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. ([Joshy, 2010](#)) Magnetic resonance imaging (MRI) reliably detects acute tears of the anterior talofibular ligament and calcaneofibular ligament. After acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotic ligaments. ([Kaminski, 2013](#)) See also [ACR Appropriateness Criteria™](#).

#### **Indications for imaging -- MRI (magnetic resonance imaging):**

- o Chronic ankle pain, suspected osteochondral injury, plain films normal
- o Chronic ankle pain, suspected tendinopathy, plain films normal
- o Chronic ankle pain, pain of uncertain etiology, plain films normal
- o Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular
- o Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable
- o Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome
- o Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's

neuroma is clinically suspected

- o Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically
- o Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ([Mays, 2008](#))

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &  
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY  
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR  
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW  
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &  
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**